Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **January 1st through 15th**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

PART I - FACESHEET

APPLICATION FOR FEDERAL ASSISTANCE				
APPLICATION FOR FEDERAL ASSISTANCE Application Non-Construction				
2. DATE SUBMITTED TO CORPORATION FOR NATIONAL SERVICE (CNS):	R 3. a. DATE RECEIVED BY STATE:	3.b. STATE APPLICATION IDENTIFIER: 03-SR027863		
January 15, 2003	4, a, DATE RECEIVED BY CNS:	4.b. CNS GRANT NUMBER: 03-SRPCA082		
5. APPLICANT INFORMATION				
LEGAL NAME: Retired & Senior Volunteer	_	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):		
ORGANIZATIONAL UNIT: City of Culver City ADDRESS (give street address, city, county, state	and zin code	NAME Patricia A. Mooney		
4153 Overland Ave. Culver City, CA 90230 Los Angeles County	JAN 1 5 2003	TELEPHONE NUMBER: (310) 253 - 6722 THAX NUMBER: (310) 253 - 6711		
6 EMPLOYER IDENTIFICATION NUMBER 12	OTATE CLEARING HO	NTERNET E-MAIL ADDRESS: ISVP (@culvercity.org TYPE OF APPLICANT: (enter appropriate letter in box) C. A. Sinte H. Independent School District		
INEW CONTINUATION		A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Private Non-Profit Organization		
A. Increase Award B. Decrease D. Decrease Duration E. Other (spe	cify):	O. Other (specify) NAME OF FEDERAL AGENCY: Corporation for National and Community Service		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: RSVP: 94.002 FGP: 94.011 SCP: 94.016 Senior Demonstration: 94.015 12. AREAS AFFECTED BY PROJECT (List Cities, Countles, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Culver City Retired & Senior Volunteer Program		
Culver City and surroundi County, CA	_			
13. PROPOSED PROJECT: START DATE:	4/1/2003	END DATE: 3/31/2006		
14. BSTIMATED FUNDING:		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a FEDERAL \$	43,167	n, YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR		
b. APPLICANT s	131,176	SEAIBM ON:		
c. STATE \$		DATE: Wednesday, January 15, 2003 b. NO. PROGRAM IS NOT COVERED BY E.O. 12372		
d LOCAL 5		OR FROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e, OTHER S		16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
1 TOTAL S	174,343	I Igo ii Io, detirei ii		
17. TO THE BEST OF MY KNOWLEDGE AND AUTHORIZED BY THE GOVERNING BODY OF	D BELIEF, ALL DATA IN THIS APPLIC THE APPLICANT AND THE APPLICANT	CATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY I WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
A TYPED NAME OF AUTHORIZED REPRESENTATIVE: b. TITLE:		Administrative Officer 310-235-6700		
d. SIGNATURE OF AUTHORIZED REPRESEN	TATIVE:	o. DATE SIGNED:		
Modified Standard Form 424-NSSC (R		ontent: Approved as to Form:		

OMB Approval No. 0348-0043 2. DATE SUBMITTED Applica. APPLICATION FOR January 13, 2003 FEDERAL ASSISTANCE 1. TYPE OF 3. DATE RECEIVED BY STATE State Application Identifier SUBMISSION: Preapplication Application ☐ Construction 4 DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ■ Non-Construction ☐ Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Port of Oakland Port of Oakland Acting by and through its Board of Port Commissioners Address (give city, county, state, and zip code) Name and telephone number of the person to be contracted on matters involving this application (give area code) 530 Water Street Christina Lee Oakland, CA 94607 (510) 627-1510 EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) \mathbf{C} H. Interdependent School District State County State Controlled Institution of Higher Learning **Private University** C. Municipal D. Township K. Indian Tribe 8. TYPE OF APPLICATION: Interstate L. Individual RECEIVED E. F. Intermunicipal M. Profit Organization New New Continuation Revision G. Special District N. Other (Specify) JAN 1 4 7003 If Revision, enter appropriate letter(s) in box(es): Increase Award B Decrease Award Increase Duration D Decrease Duration Other (specify) STATE CLEARING 9. NAME OF FEDERAL AGENCY 10. CATALOG OF FEDERAL DOMESTIC 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ASSISTANCE NUMBER 6 2 1. Terminal Security Screening Checkpoint Improvement TITLE: Airport Improvement Program (AIP) 2. Reconsturction of Aircraft Apron Adjacent to Building 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): L-410 and L-510 3. Terminal 2 Building & Security Improvements -San Francisco Bay Area Apron Improvement 4. Terminal 2 Building & Security Improvements -**Shoreline Stabilization** 5. Security Access Control System at Taxiway Bravo Bridge 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF Start Date **Ending Date** a. Applicant b. Project **July 2003** Nov. 2004 4 15. ESTIMATED FUNDING 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS .00 THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE a. Federal 9,942,844 a. YES, STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON b. Applicant 2,544,462 .00 c. State **DATE: January 13, 2003** d. Local NO \$ b. PROGRAM IS NOT COVERED BY E. O. 12372 e. Other OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program income g. TOTAL .00 12,487,306 No Yes If yes, attach an explanation 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

Director of Enginering

a. Typed Name of Authorized Representative

d. Signature of Authorized Representative

osenku

Joseph K. Wong

SE

c. Telephone number

January 13, 2003

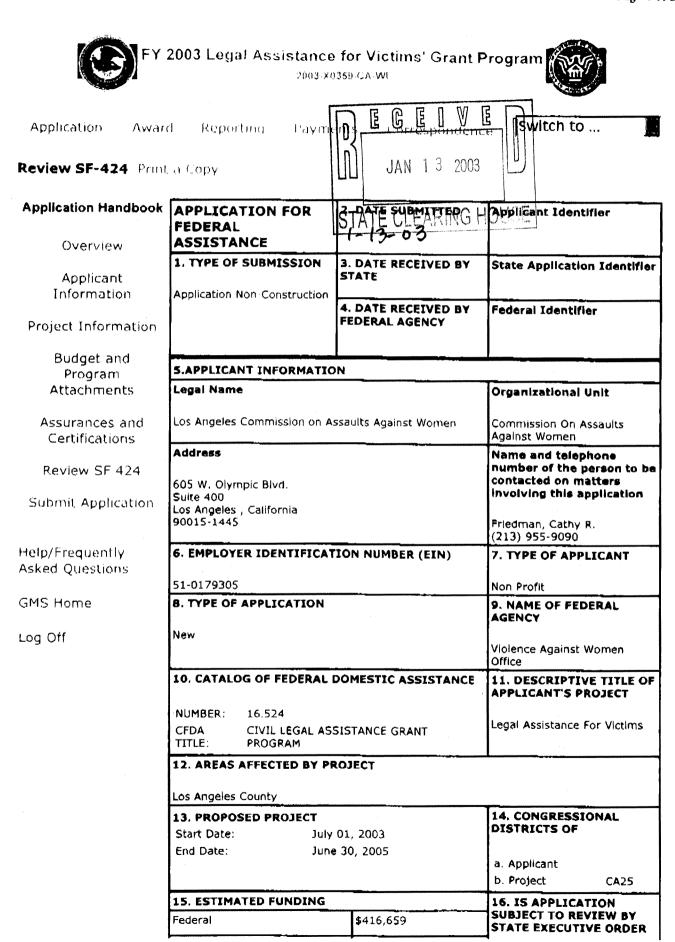
(510) 627-1240

e. Date Signed

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APPLICATION FOR		0.0475.00			Hn)	OMB A	pproval l	No. 0	348-00
FEDERAL ASSISTANCE		2. DATE SUBMITTED January	14, 2003	Applicant Ider	tile[]	JA	IN T	4	20 03
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Non-Construction	☑ Non-Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identif	ier		bee fees / \	1114	<u>0 n</u>
5. APPLICANT INFORMATION									
Legal Name: Santa Clara Valley \	Water District		Organizational Unit: Water Use Eff	ficiency			-		
Address (give city, county, State			Name and telephone r		n to be	- contacte	ed on ma	atters	involvi
5750 Almaden Expre	essway, San Jose,	CA, 95118	this application <i>(give a</i> Pamela John,	rea code)					
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	NT: (enter appi	opriate	letter in t		 ำ	
	713 (3 [1]		A. State	H. Independen	t Scho	ol Dist.	G		
8. TYPE OF APPLICATION:		B. County	I. State Contro		ititution of	! Higher !	Learr	ning	
✓ New ☐ Continuation ☐ Revision		C. Municipal D. Township	J. Private Univ K. Indian Tribe	,					
If Revision, enter appropriate letter(s) in box(es)		E. Interstate	L. Individual						
A. Increase Award B. Dec	crease Award C. Increas	e Duration	F. Intermunicipal G. Special District	M. Profit Organ N. Other (Spec					
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERA							
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			Evaluating Memb					aokie	a h
TITLE:			and Recycled Wa	iter to Potab	e Sta	indards	ing Die	ZUNIS)
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties, Sta	ales, etc.):							
Santa Clara County and t	he City of Palo Alto								
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:							
Start Date Ending Date	a. Applicant		b. Project						
10/1/03 9/30/05 15. ESTIMATED FUNDING:	11,14,	15,16		11					
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c. State	\$.00	DATE	01/14/03	•••				
d. Local	\$	40,000							
e. Other	\$.00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		Έ				
. Program Income	\$	00							
j. TOTAL	\$. E40.000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes If "Yes," attach an explanation.)				
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ATTACHED ASSURANCES IF Type Name of Authorized Repo		b. Title	· I,	c. Telephone Nu	ımhər				
Pamela John		Senior Engineer		(408) 265-2					
Signaldre of outhorized Pepres	for Ponel	a John		e. Date Signed Janua	- -y	14.	200	3	
Previous Edition Usable Authorized for Local Reproduction) 1	V		Stand	dard Fo	orm 424 (F by OMB Ci			

Type of Submission:	APPLICATION FOR				G ONE Approval NE 0348-00	
Type OF Submission: Prapplication Construction Constructio	FEDERAL ASSISTAN	NCE				
Application Proposition Reconstruction A DATE RECEIVED BY FEDERAL AGENCY Federal		-			L IIII JAN 1 4 som	
Construction Cons		Presentication	3. DATE RECEIVED BY	Y STATE	State Application identifier 4003	
Organizational Unit: San Diego County Water Authority Address (give oils, county, Sinue, and 26 code): 4677 Overland Avenue, San Diego San Diego County Water Authority Alors agree oils, county, Sinue, and 26 code): 4677 Overland Avenue, San Diego San Diego County, California 92123 Robert R. Yamada / (858) 522-6744 6. EMPLOYER IDENTIFICATION NUMBER (Env): 3. TYPE OF APPLICATION NUMBER (Env): A Increase Award D. Decrease Award C. Increase Duration O. Decrease Duration Other(speeify): 10. Cartalog of Feberal Domestic Assistance Number: 4. Increase Award D. Decrease Award C. Increase Duration O. Decrease Duration Other(speeify): 10. Cartalog of Feberal Domestic Assistance Number: 4. Ancrease Award D. Decrease Award C. Increase Duration O. Decrease Duration Other(speeify): 10. Cartalog of Feberal Domestic Assistance Number: 4. Anter Of Feberal Agency: Department of Interior Bureau of Reclamation Organization Supply Integration Study Seawater Desalination Supply Integration Study 11. Descriptive title of Applicant's Project: California, Arizona, Nevada Los Angeles, CA: San Diego, CA 13. PROPOSED PROJECT (Cilles Counties, States, etc.): California, Arizona, Nevada Los Angeles, CA: San Diego, CA 14. CONGRESSIONAL DISTRICTS OF: Seawater Desalination Supply Integration Study 15. ESTIMATED FUNDING: O. Applicant \$ 270,000 Applicant \$ 270,000 Applicant \$ 135,000 C. Siate \$ 270,000 Applicant \$ 135,000 Applicant \$			4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Organizational Unit: San Diego County Water Authority Address (give oils, county, Sinue, and 26 code): 4677 Overland Avenue, San Diego San Diego County Water Authority Alors agree oils, county, Sinue, and 26 code): 4677 Overland Avenue, San Diego San Diego County, California 92123 Robert R. Yamada / (858) 522-6744 6. EMPLOYER IDENTIFICATION NUMBER (Env): 3. TYPE OF APPLICATION NUMBER (Env): A Increase Award D. Decrease Award C. Increase Duration O. Decrease Duration Other(speeify): 10. Cartalog of Feberal Domestic Assistance Number: 4. Increase Award D. Decrease Award C. Increase Duration O. Decrease Duration Other(speeify): 10. Cartalog of Feberal Domestic Assistance Number: 4. Ancrease Award D. Decrease Award C. Increase Duration O. Decrease Duration Other(speeify): 10. Cartalog of Feberal Domestic Assistance Number: 4. Anter Of Feberal Agency: Department of Interior Bureau of Reclamation Organization Supply Integration Study Seawater Desalination Supply Integration Study 11. Descriptive title of Applicant's Project: California, Arizona, Nevada Los Angeles, CA: San Diego, CA 13. PROPOSED PROJECT (Cilles Counties, States, etc.): California, Arizona, Nevada Los Angeles, CA: San Diego, CA 14. CONGRESSIONAL DISTRICTS OF: Seawater Desalination Supply Integration Study 15. ESTIMATED FUNDING: O. Applicant \$ 270,000 Applicant \$ 270,000 Applicant \$ 135,000 C. Siate \$ 270,000 Applicant \$ 135,000 Applicant \$		Non-Construction STATE CLEARING HOUSE				
San Dieso County Water Authority Address give rice outs, State, and pt codes; 4677 Overland Avenue, San Diego San Diego County, California 92123 B. EMPLOYER IDENTIFICATION HUMBER (2019). 3 5 6 0 0 2 7 6 7 B. TYPE OF APPLICATION: B. New Conditivation Ravision If Ravision, onler appropriate letter(s) in box(rs) A. Increase Award B. Decrease Award C. Increase Duration O. Decrease Duration Other(specify): 4. A Increase Award B. Decrease Award C. Increase Duration O. Decrease Duration Other(specify): 5 6 and Development Program 12. AREAS AFFECTE BY PROJECT (Cilies, Counties, States, atc.): California, Arizona, Nevada Loe Angeles, CA. San Diego, CA 1. Specification, Arizona, Nevada Loe Angeles, CA. San Diego, CA 1. Set March Project 1. Set County Security (Security County States, atc.): California, Arizona, Nevada Loe Angeles, CA. San Diego, CA 1. Specification Conservation Conservation California, Arizona, Nevada Loe Angeles, CA. San Diego, CA 1. Set March Project CA: 1-53 AZ: 1-6 NV: 1-2 1. Set March Proje					100	
Address (give city, county, State, and to poods): 4.677 Overland Avenue, San Diego San Diego County, California 92123 8. EMPLOYER IDENTIFICATION NUMBER (give): 9 5 6 0 0 2 7 6 7 8. TYPE OF APPLICATION: New Continuation Revision Revision Revision County State Controlled institution of Higher Learning County State Controlled J. Private University Co	1 *	tv Water Authori	tν	, -	ounty Water Authority	
San Diego County, California 92123 Robert R. Yamada / (858) 522-6744 6. EMPLOYER IDENTIFICATION NUMBER (PLN): 9 5 6 0 0 2 7 6 7 New Continuation Revision Revision State or Annaly State Controlled institution of Higher Learning Deviate University De	Address (give city, county, State,	and zip code);	· • J			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 6 0 0 2 7 6 7 8. TYPE OF APPLICATION: New Continuation Revision If Ravision, enter appropriate letter(s) in box(s) A. Increase Award B. Decrease Award C. Increase Duration C. Decrease Duration C. Department of Interior Bureau of Reclamation In Descriptive Title of Applicant's PROJECT: Department of Interior Bureau of Reclamation In Descriptive Title of Applicant's PROJECT: C. Callifornia, Arizona, Nevada Los Angeles, CA. 1. San Diego, CA 11. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Seamater Desalination Supply Integration Study C. Siato E. Fridge Date S. 270,000 D. Applicant S. 270,000 D. App	•		this application (give a	rea code)		
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8. TYPE OF APPLICATION: New Gontinuation Revision C. County L. State Controlled institution of Higher Learning D. Township L. Individual institution of Higher Learning D. Township L. Individual institution of Higher Learning D. Township L. Individual L. Individual F. Intermunicipal F. Intermunicipal L. Individual F. Intermunicipal L. Individual F. Intermunicipal L. Individual F. Intermunicipal F. Intermunicipal L. Individual F. Intermunicipal T. Intermunicipal F. Intermunicipal F. Intermunicipal F. Intermunicipal T. Intermunicipal				7. TYPE OF APPLICA	-	
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A Increase Award D. Decrease Duration Other(specify): A Increase Duration Other(specify): B. NAME OF FEDERAL AGENCY: Department of Interior Bureau of Reclamation 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Water Deselination Research and Development Program TITLE: 12. AREAS AFFECTED BY PROJECT (Cilles, Counties, Sigles, etc.): California, Arizona, Nevada Los Angeles, CA: San Diego, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Stan Date Ending Date 10/03 4/05 Districts: 49, 50, 52 & 53 15. ESTIMATED FUNDING: a. F. Intermunicipal M. Profit Organization G. Special District Interpret of Interior Bureau of Reclamation 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Seawater Desalination Supply Integration Study Seawater Desalination Supply Integration Study CA: 1-53 AZ: 1-6 NV: 1-2 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE	If Paylelon, enter appropriate lette					
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Department of Interior Bureau of Reclamation 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Water Desalination Research and Development Program TITLE: Water Desalination Research and Development Program TITLE: 12. AREAS AFFECTED BY PROJECT (Cities Counties, States, etc.): California, Arizona, Nevada Los Angeles, CA: San Diego, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Stan Date Ending Date A. Applicant Districts: 49, 50, 52 & 53 16. STIMATED FUNDING: 16. Foderal \$ 270,000 2. Applicant \$ 270,000 2. Applicant \$ 135,000 3. Applicant \$ 135,000 4. Collect \$ 00,000 4. Program Income \$ 00,000 6. Other \$ 00,000 6. Program Income \$ 00,000 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes H "Yes," attach an explanation. 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes H "Yes," attach an explanation. 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWROED. 3. Type Name of Authorized Representative DIrector of Water Resources 15. Date Suppared of Reclamation o	D. Decrease Duration Other(s	ipecify):		O NAME OF FEORO	N. ACTHOY	
Bureau of Reclamation 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Water Depalination Research and Development Program 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 12. AREAS AFFECTED BY PROJECT (Cities, Counties, Sistes, etc.): California, Arizona, Nevada Los Angeles, CA: San Diego, CA 13. PROPOSED PROJECT Stan Date Ending Date 10/03 4/05 Districts: 49, 50, 52 & 53 14. CONGRESSIONAL DISTRICTS OF: SIAN Date Ending Date 10/03 4/05 Districts: 49, 50, 52 & 53 S. Federal \$ 270,000 CA 13. SAPPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 1/14/2003 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT ON ANY FEDERAL DEBT? Yes If "Yes," attach an explanation. No. No. No. PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ANY FEDERAL DEBT? 19. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 3. Type Name of Authorized Representative D. Title						
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Desalination Research 1 5 5 0 6 and Development Program TITLE: 12. AREAS AFFECTED BY PROJECT (Cilies, Counies, States, etc.): California, Arizona, Nevada Los Angeles, CA: San Diego, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date 10/03 4/05 Districts: 49, 50, 52 & 53 CA: 1-53 AZ: 1-6 NV: 1-2 15. ESTIMATED FUNDING: a. Federal \$ 270,000 CA: San Diego, CA 135,000 CA: 1-53 AZ: 1-6 NV: 1-2 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. This PREAPPLICATIONAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 1/14/2003 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 COMPROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE AFPLICANT DELINQUENT ON ANY FEDERAL DEBT? Tyes If "Yes," attach an explanation. 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IS THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative b. Title Director of Water Resources (658) 522-641 Date Signature of Authorized Representative Director of Water Resources (658) 522-641 Date Signature of Authorized Representative Director of Water Resources (658) 522-641 Date Signature of Authorized Representative Director of Water Resources (658) 522-641 Date Signature of Authorized Representative 15. Date Signature of Authorized Representative Director of Water Resources (658) 522-641 Date Signature of Authorized Representative 15. Date Signature of Authorized Representative Director of Water Resources (658) 522-641 Date Signature of Authorized Representative 15. Date Signature of Authorized Representative						
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Los Angeles, CA: San Diego, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Stan Date	12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			Integratio	n Study	
13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date						
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ORDER 12372 PROCESS? a. Federal 270,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE		Districts: 49,	50, 52 & 53			
8. Federal \$ 270,000 b. Applicant \$ 135,000 c. State \$ 135,000 d. Local \$ 135,000 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW ### PROCESS OF REVIEW ### PROCESS OF REVIEW ### PROCESS OF REVIEW ### DATE	10. COMMATED FORDING.					
b. Applicant \$ 135,000 c. State \$ 135,000 d. Local \$ 135,000 e. Other \$ 90,000 f. Program Income \$ 630,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. B. Type Name of Authorized Representative D. Title Director of Water Resources (858) 522-6741 e. Date Signed	a. Federal	\$ 270,000	00			
135,000 C. State C. Stat	[00			
C. State C. Sta	b. Applicant		,	I		
d. Local Sample	c. State	\$	66	1		
e. Other 90,000 f. Program Income \$ 630,000 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? When the Best of My knowledge and belief, all data in this application/preapplication are true and correct, the Document has been duly authorized by the governing body of the applicant and the applicant will comply with the ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 8. Type Name of Authorized Representative Ken Weinberg 10. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? When It is the applicant of Authorized and Correct, the applicant and the applicant will comply with the ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 8. Type Name of Authorized Representative C. Telephone Number (858) 522-6741 E. Date Signature of Authorized Representative Director of Water Resources 6. Date Signature of Date Signed	d. Local	\$	<u> </u>	DATE	/14/2003	
90,000 f. Program Income \$ 630,000 The Best of My knowledge and Belief, all Data in this application/preapplication are true and correct, the Document has been duly authorized by the governing body of the applicant and the applicant will comply with the Attached assurances if the assistance is awarded. 8. Type Name of Authorized Representative 8. Title C. Telephone Number C. Date Signed		135,000	,	OR PROGRAM HAS NOT BEEN SELECTED BY STATE		
f. Program Income g. TOTAL \$ 630,000 Tyes If "Yes," attach an explanation. Who 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. B. Type Name of Authorized Representative Ken Weinberg d. Signature of Authorized Representative Director of Water Resources (858) 522-6741 e. Date Signed	e. Other		.00			
9. TOTAL \$ 630,000 Yes If "Yes," attach an explanation. X No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 8. Type Name of Authorized Representative b. Title c. Telephone Number (858) 522-6741 d. Signature of Authorized Representative e. Date Signed	f. Program Income		.00	FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 8. Type Name of Authorized Representative b. Title c. Telephone Number (858) 522-6741 d. Signature of Authorized Representative e. Date Signed				17. IS THE APPLICAN	NT DELINQUENT ON ANY FEDERAL DEBT?	
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 8. Type Name of Authorized Representative b. Title c. Telephone Number Ken Weinberg d. Signature of Authorized Representative e. Date Signed	g. TOTAL	3. TOTAL \$ 630,000 Yes If "Yes," attach an explanation.		attach an explanation.		
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. B. Type Name of Authorized Representative b. Title c. Telephone Number Ken Weinberg Director of Water Resources (858) 522-6741 d. Signature of Authorized Representative e. Date Signed	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE					
B. Type Name of Authorized Representative Ken Weinberg Director of Water Resources (858) 522-6741 e. Date Signed	DUCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
Ken Weinberg Director of Water Resources (858) 522-6741 d. Signature of Authorized Representative e. Date Signed						
			Director of Wa	ter Resources	(858) 522-6741	
1/14/7003	u. Signature of Authorized Shotes	entativė.			e. Date Signed 1/14/2003	

Program



Applicant	\$ 0	12372 PROCESS?	
State	\$0	This preapplication/application	
Local	\$0	was made available to the state executive order 12372	
Other	\$0	process for review on	
Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY	
TOTAL	\$416,659	FEDERAL DEBT?	
		N	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.



Page 1 of 2

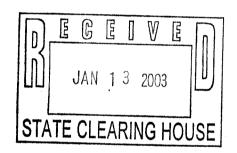
APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED	Applicant Identifier
1 TYPE OF ST	January 13, 2003	
1. TYPE OF SUBMISSION	3. DATE RECEIVED BY STATE	State Application Identifier
Application Non-Construction		
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5.APPLICANT INFORMATION		
Legal Name		
Jenesse Center Inc	EGEIVEN	Organizational Unit
Address		Legal Services
P O Box 8476 Los Angeles, California	JAN 1 3 2003	Name and telephone number of the person to be contacted on matters involving this application
90008-0476 ST	ATE CLEARING HOUSE	 Earl, Karen (323) 299-9496
6. EMPLOYER IDENTIFICATIO	7. TYPE OF APPLICANT	
	21 (211)	7. THE OF APPLICANT
95-3652529	Non Profit	
8. TYPE OF APPLICATION		9. NAME OF FEDERAL AGENCY
New		Violence Against Women Office
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT
NUMBER: 16.524 CFDA CIVIL LEGAL ASS TITLE: PROGRAM		Provide legal assistance for victims of domestic violence, sexual assault and stalking by providing direct services, staff training and data collection. Fiscal Year: July 1 to June 30. Federal cognizant audit agency: Welch & Co., C.P.A.
2. AREAS AFFECTED BY PROJ		
Thy of Los Angeles, Los Angeles (ounty, various counties state	ewide and various counties nationwide
3. PROPOSED PROJECT Start Date: July 01	2002	4. CONGRESSIONAL DISTRICTS
0 dr. y 0 dr. y 2003		OF
and Date: June 30,	i i	a. Applicant
	İ	b. Project CA33 CA35
5. ESTIMATED FUNDING		
ederal	\$440.200	6. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
		ORDER 12372 PROCESS?
pplicant	\$0	

Page 2 of 2

\$0 \$0	Program has not been selected by state for review
20	
60	17. IS THE APPLICANT
	DELINQUENT ON ANY FEDERAL DEBT?
6449,299	DBB1;
	449,299 DGE AND BEI

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.

Close Window



OMB Approval No. 0348-0043 Application Identifier 2. DATE SUBMITTED APPLICATION FOR January 8, 2003 FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE State Application Identifier 1. TYPE OF SUBMISSION: Preapplication Application ☐ Construction ☐ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ☐ Non-Construction 5. APPLICATION INFORMATION Organizational Unit Legal Name: County of Ventura **County Executive Office** Name and telephone number of the person to be contacted on matters involving Address (give city, county, state, and zip code) this application (give area code) County of Ventura Monica Nolan 800 South Victoria Avenue, L#1940 Ventura, CA 93009 (805) 662-6868 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) В A. State H. Independent School Dist. 4 B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University 8. TYPE OF APPLICATION: D. Township K. Indian Tribe Individual Interstate ⊠ New ☐ Continuation ☐ Revision Intermunicipal M. Profit Organization F N. Other(Specify): If Revision, enter appropriate letter(s) in boxes(es) G. Special District 9. NAME OF FEDERAL AGENCY: A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): 10. CATALOG OF FEDERAL DOMESTIC 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 3 ASSISTANCE NUMBER: Rural Tourism Planning Study TITLE: EDA Local Technical Assistance Grant 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Project will enhance the area's tourism potential by studyingthe impact of expanded tourism activities. Ventura County's Santa Clara Valley, including the Cities of Santa Paula, Fillmore and the Piru Community 13. PROPOSED PROJECT: 23rd 14. CONGRESSIONAL DISTRICTS OF: b. Project **Ending Date** a. Applicant Start Date 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESSY 15. ESTIMATED FUNDING: YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE 70,000.00 a. Federal STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. Applicant \$ DATE: January 8, 2003 00 c. State \$ PROGRAM IS NOT COVERED BY E.O. 12372 70,000.00 \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 00 \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

d. Local e. Other f. Program Income \$ ☐ Yes If "Yes," attach an explanation. ⊠ No 140,000.00 g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED a. Typed Name of Authorized Representative c. Telephone number (805) 654-2864 Marty Robinson Chief Deputy Executive Officer e. Date Signed d. Signature of Authorized Representative 01/09/03

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Standard Form 424 (REV 4-97)





FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5830	
Recipient Name:	ACCESS SERVICES, INC.	
Project ID:	CA-16-0039-01	JAN U 2003 U
Budget Number:	2 - Budget Pending Approval	
Project Information:	FY02 CAP PRJCTS; PURCHASED TRANSP,	STATE CLEARING HOUSE

Part 1: Recipient Information

Project Number:	CA-16-0039-01
Recipient ID:	5830
Recipient Name:	ACCESS SERVICES, INC.
Address:	633 WEST 5TH STREET 9TH FLOOR, LOS ANGELES, CA 90017 0000
Telephone:	(213) 270-6000
Facsimile:	(213) 270-6057

Union Information

Recipient ID:	5830
Union Name:	Gardena Municipal Employees Association
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	Ellen Emerson
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	LOS ANGELES DEPUTY SHERRIFFS
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	DOUGLAS MCLELLAN
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	JAMES, P. HOFFA
Telephone:	
Facsimile:	

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-16-0039-01
Project Description:	FY02 CAP PRJCTS; PURCHASED TRANSP,
Recipient Type:	Other Nonprofit Organization
FTA Project Mgr:	Ray Tellis
Recipient Contact:	Arun Prem 213.270.6082
New/Amendment:	Amendment
Amend Reason:	Other
Fed Dom Asst. #:	20513
Sec. of Statute:	5310
State Appl. ID:	None Specified
Start/End Date:	Jul. 01, 2001 - Oct. 31, 2002
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	Dec. 31, 2002
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2002
Program Page:	6
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Gross Project Cost:	\$0
Adjustment Amt:	\$0
Total Eligible Cost:	\$0
Total FTA Amt:	\$0
Total State Amt:	\$0
Total Local Amt:	\$0
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA

STATE CLEARING HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier	
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier	
Construction Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES		Organizational Unit: DEPARTMENT OF HEALTH SERVICES		
Address (give city, county, state, and zip code): 601 NORTH SEVENTH STREET P.O. BOX 942732 SACRAMENTO CA 94234-7320		Name and telephone number of the person to be contacted on matters involving this application (give area code) ROBIN R HOOK (916)-323-0871		
6. EMPLOYER IDENTIFICATION (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter here)A		
<u>68-0317191</u>		B. County C. Municipal	H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe	
8. TYPE OF APPLICATION:		•	L. Individual	
8. Type of Application. □ New ■ Continuation □ Revision		- · · · · · · · · · · · · · · · · · · ·	M. Profit Organization	
- 1464 - Continuation		G. Special District	N. Other (Specify):	
If Revision, enter appropriate letter(s) in box(es):		9. NAME OF FEDERAL AGENCY:		
A. Increase Award C. Increase Duration Other Specify: B. Decrease Award D. Decrease Duration		ENVIRONMENTAL PROTECTION AGENCY		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.468 TITLE: CAPITALIZATION GRANTS FOR DRINKING WATER STATE REVOLVING FUND 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): CALIFORNIA - STATEWIDE		11. DESCRIPTIVE TITLE OF DRINKING WATER STATE R	EVOLVING FUND LOAN PROGRAM	
13. PROPOSED PROJECT:	14. CONGRESSIONAL	DISTRICT OF	Desired All	
Start Date	a. Applicant: 1		b. Project ALL	
15. Estimated Funding:		→ ODDED	SUBJECT TO REVIEW BY STATE EXECUTIVE	
a. Federal	\$ 82,460,900	12372 PROCESS? YES		
b. Applicant	\$	a. YES. THIS PREAPPLICA TO THE STATE EXECUTIVE REVIEW ON:	TION/APPLICATION WAS MADE AVAILABLE CORDER 12372 PROCESSES FOR	
c. State	\$16,492,180		December 31, 2002	
d. Local	S		NOT COVERED BY E.O. 12372	
e. Other \$2,000,000		☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR		
f. Program Income \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$ 100,953,080	,953,080		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 1 b Title: Chief Deputy c. Telephone Number				
a. Typed Name of Authorized Represent David Souleles	alive.	b. Title: Chief Deputy E C Director	c. Telephone Number 916-653-9306 e. Date Signed	
d. Signature of Authorized Representation	/e	DEC 3 1 2002		
Previous Editions Usable Authorized for Local Reproduction	Next band	- Commenced	Standard Form 424 (REV 7-5 Prescribed by OMB Circular A-1i	